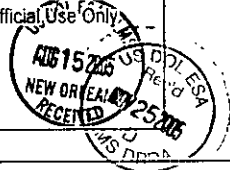


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13375</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>RICKEY L FABRA</u> P.O. Box, Bldg., Room No., if any <u>Box 8428</u> Street <u>3515 N. I-10 SERVICE RD.</u> City <u>METairie</u> State <u>LA</u> ZIP Code + 4 <u>70002</u>	4. Name, file number, and address of labor organization. Name <u>PLUMBERS + STEAMFITTERS LOCAL UNION 60</u> Labor Organization File Number <u>037-884</u> P.O. Box, Building and Room Number, if any <u>Box 8428</u> Street <u>3515 N. I-10 SERVICE RD.</u> City <u>METairie</u> State <u>LA</u> ZIP Code + 4 <u>70002</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>MCA OF N.O.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>Box 51238</u> Street _____ City <u>NEW ORLEANS</u> State <u>LA</u> ZIP Code + 4 <u>70151</u>	7.a. Nature of Interest, Transaction, or Income. <u>CHRISTMAS BUSINESS-MEAL</u> <u>12-22-04 83.00</u> 7.b. Amount. <u>83.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Rickey L. Fabra</u>	On <u>8/15/05</u> <u>504-277-4153</u> Date Telephone Number

Name of Person Filing

Rickey L. FABRA

File Number U-

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name NITC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 501 SHAWT PLACE, SUITE 201City LOS ANGELESState CAZIP Code + 4 90020

7.a. Nature of Interest, Transaction, or Income.

LARRY THOMAS RETIREMENT LUNCH
10/04 31.62

7.b. Amount.

31.62

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

RICKEY L. FABRA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **ROBEIN, GRANN & Lurye**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2540 SEVERN AVE, Suite 400**

City **METairie**

State **LA** ZIP Code + 4 **70002**

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **P+S LOCAL UNION NO. 60**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. Box 8428**

Street

City **METairie**

State **LA** ZIP Code + 4 **70011**

11.a. Nature of such dealing.

LAW FIRM

11.b. Approximate dollar value of such dealing. **16,259.72**

12.a. Nature of interest held or income received.

- Christmas GIFT - 36.95

12.b. Amount. **36.95**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

RICKEY L. FABRA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROBEIN, GRANN & Lurye
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street 2540 SEVERN AVE, Suite 400
City MEFAIRIE
State LA ZIP Code + 4 70002

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name P & S PENSION PLAN
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: P.O. Box 8428
Street: _____
City MEFAIRIE
State LA ZIP Code + 4 70011

11.a. Nature of such dealing.

LAW FIRM

11.b. Approximate dollar value of such dealing. 52,218.46

12.a. Nature of interest held or income received.

- CHRISTMAS GIFT - 36.95
(AS PREVIOUSLY REPORTED)

12.b. Amount. 36.95

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street: _____
City: _____
State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

RICKEY L. FABRA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROBEIN, GRANN & LUYE
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street 2540 SEVERN AVE, Suite 400
City MEFAIRIE
State LA ZIP Code + 4 70002

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PJS WELFARE FUND
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: P.O. Box 8428
Street _____
City MEFAIRIE
State LA ZIP Code + 4 70001

11.a. Nature of such dealing.

LAW FIRM

11.b. Approximate dollar value of such dealing.

39,209.25

12.a. Nature of interest held or income received.

- CHRISTMAS GIFT - 36.95
(AS PREVIOUSLY REPORTED)

12.b. Amount.

36.95

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

RICKEY L. FABRA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROBEIN, GRANN & LUYE
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street 2540 SEVERN AVE, Suite 400
 City MEHAIRIE
 State LA ZIP Code + 4 70002

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name P45 LOCAL UNION NO. 60
VACATION FUND
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: P.O. Box 8428
 Street _____
 City MEHAIRIE
 State LA ZIP Code + 4 70001

11.a. Nature of such dealing.

LAW FIRM

11.b. Approximate dollar value of such dealing.

13.95

12.a. Nature of interest held or income received.

- CHRISTMAS GIFT - 36.95
(AS PREVIOUSLY Reported)

12.b. Amount.

36.95

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

RICKEY L. FABRA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROBIN, GRANN & LUYE
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street 2540 SEVERN AVE, Suite 400
 City MEFAIRIE
 State LA ZIP Code + 4 70002

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name P45 LOCAL UNION NO. 60401K PLAN
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: P.O. Box 8428
 Street _____
 City MEFAIRIE
 State LA ZIP Code + 4 70001

11.a. Nature of such dealing.

LAW FIRM

11.b. Approximate dollar value of such dealing.

8,926.40

12.a. Nature of interest held or income received.

- CHRISTMAS GIFT - 36.95
(AS PREVIOUSLY REPORTED)

12.b. Amount.

36.95

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

RICKEY L. FABRA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROBEIN, GRANN & LUYE
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street 2540 SEVERN AVE, Suite 400
City MEFAIRIE
State LA ZIP Code + 4 70002

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name JOINT APPRENTICESHIP TRAINING COMMITTEE
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: P.O. Box 8428
Street: _____
City MEFAIRIE
State LA ZIP Code + 4 70011

11.a. Nature of such dealing.

LAW FIRM

11.b. Approximate dollar value of such dealing.

1,540.16

12.a. Nature of interest held or income received.

- CHRISTMAS GIFT - 36.95
(AS PREVIOUSLY REPORTED)

12.b. Amount.

36.95

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street: _____
City: _____
State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

RICKEY L. FABRA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROBEIN, GRANN & LUAYE
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street 2540 SEVERN AVE, Suite 400
 City MEAIRIE
 State LA ZIP Code + 4 70002

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LABOR-MANAGEMENT COUNCIL COMMITTEE
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: P.O. Box 8428
 Street _____
 City MEAIRIE
 State LA ZIP Code + 4 70001

11.a. Nature of such dealing.

LAW FIRM

11.b. Approximate dollar value of such dealing.

0 -

12.a. Nature of interest held or income received.

- CHRISTMAS GIFT - 36.95
(AS PREVIOUSLY REPORTED)

12.b. Amount.

36.95

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

Rickey L. Fabra

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name DAVIS HAMILTON JACKSON ASSOC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1401 McKinney St. Suite 1600City HOUSTONState TX ZIP Code + 4 77010

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PUMBERS AND STEAMFITTERS PENSION PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3515 I-10 Service RdCity McALISTERState LA ZIP Code + 4 70002

11.a. Nature of such dealing.

INVESTMENT MANAGER FOR PENSION FUND.

11.b. Approximate dollar value of such dealing.

87,837.20

12.a. Nature of interest held or income received.

MEAL12/4/04101.00

12.b. Amount.

101.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

Rickey L. Fabra

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name *DEARBORNE PARTNERS*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *200 W. MADISON, Suite 1950*City *CHICAGO*State *IL* ZIP Code + 4 *60606*

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name *PLUMBERS AND STEAMFITTERS PENSION PLAN*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *3515 I-10 SERVICE RD.*City *Metairie*State *LA* ZIP Code + 4 *70002*

11.a. Nature of such dealing.

*INVESTMENT MANAGER FOR PENSION FUND*11.b. Approximate dollar value of such dealing. *13,787.77*

12.a. Nature of interest held or income received.

*MEAL 10/18/04**112.58*

12.b. Amount.

112.58

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Investment Performance Services LLC

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street THOR HODGSON MEMORIAL DR.City SAVANNAHState GA ZIP Code + 4 31406

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PLUMBERS AND STEAMFITTERS PENSION PLAN

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 3515 I-10 SERVICE RD.City MetairieState LA ZIP Code + 4 70002

11.a. Nature of such dealing.

INVESTMENT CONSULTANT FOR PENSION FUND11.b. Approximate dollar value of such dealing. 75,000.00

12.a. Nature of interest held or income received.

MEAI 8/31/0493.75

12.b. Amount.

93.75

Name of Person Filing <u>Rickey L. Fabra</u>	File Number U-
--	----------------

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Plumbers and Steamfitters Education Trust</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 8428</u></p> <p>Street _____</p> <p>City <u>Metairie</u></p> <p>State <u>LA</u> ZIP Code + 4 <u>70011</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Plumbers and Steamfitters Local Union 60</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>3515 I-10 Service Rd.</u></p> <p>City <u>Metairie</u></p> <p>State <u>LA</u> ZIP Code + 4 <u>70002</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Union is co-sponsor of Trust Fund.</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>542,721.56</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>Instructors Annual Dinner Meeting</u> <u>12-18-04</u> <u>61.00</u></p> <hr/> <p>12.b. Amount. <u>61.00</u></p>